



Ordering Medications for Tuberculosis Disease through the Wisconsin TB Dispensary Program: A Guide for Local Health Departments

The timely treatment of tuberculosis (TB) is an essential component of TB elimination in the U.S. The Wisconsin TB Dispensary Program (WTBDP) provides financial support for treatment of individuals with TB who are uninsured or underinsured.

Step 1: Notification and Financial Assessment

Local health departments (LHDs) are typically alerted of patients being evaluated for TB disease in advance of a diagnosis. Collaboration between the LHD and the provider is very important to ensure timely diagnosis and treatment of TB disease. All clients and patients referred for treatment through the WTBDP should be assessed for their ability to provide private insurance or Medicare/Medicaid coverage. Eligibility for TB only Medicaid (TB-MA) should be pursued. WTBDP must be the payer of last resort after all other potential sources (private and public insurance) have been considered. **The definition of financial hardship** is achieved if the cost of medications, insurance deductible or co-pay is high enough to be a deterrent to seeking medical care or adhering to treatment.

1. Per Wis. Admin. Code ch. DHS 145, ensure that TB is reported within 24 hours to the LHD in which the patient resides.
2. Once notification is received, the LHD should follow up with the provider to offer guidance and partnership. The LHD should also notify the Wisconsin TB Program at 608-261-6319.
3. Perform a financial assessment of the patient to determine WTBDP eligibility (see Appendices B and D of the WTBDP contract documents).
 - a. The patient's provider should fill out the Tuberculosis Disease Initial Request for Medication ([F-44000](#)) form.
 - b. **The patient's insurance information should be included in the "Patient Insurance Information" field of form F-44000.**
 - i. **Box 1:** If the patient has no insurance and financial hardship: TB-related medications and clinical services will be covered by WTBDP up to the Medicaid (MA) rate.
 - ii. **Box 2:** If the patient has insurance: WTBDP will cover the cost of TB-related medications and clinical service deductibles or co-pays, up to the MA rate, whichever is least.
 - c. Include prescription insurance numbers and provider information on form F-44000. Scan and upload copies of the patient's prescription and health insurance cards (if applicable) into the Wisconsin Electronic Disease Surveillance System (WEDSS) file cabinet along with form F-44000.

Step 2: Complete the Medication Request form for TB Disease (F-44000)

It is very important that form [F-44000](#) is filled out **completely** and **accurately** and that it is reviewed by the LHD. The Wisconsin TB Program uses this form to assess proper dosing and regimen, and determine eligibility for WTBDP. The form is also sent to the pharmacy as the official prescription to be filled.

1. The provider should fax the completed form to the LHD.
2. Once the LHD receives the completed form it should be reviewed for completeness. Any missing information should be requested from the provider by the LHD. Since the form will be used as a prescription by the pharmacy, it is important that the provider's signature is present on the signature line.
3. The following information is required for processing of the medication order. This information should also be entered into the patient's record in WEDSS in the tabs (preferred) or file cabinet.

Page 1 of Form [F-44000](#):

- Patient name, date of birth, complete address, sex, race, ethnicity, weight
- Where to send medications (LHD/clinic)
- Insurance information (include photocopy of insurance card)
- Provider name, contact information
- Desired regimen of treatment with proper dosing
- Provider signature, credentials and date

Page 2:

- a) Results of any tests that were performed, including numeric results (T-SPOT, Quantiferon, tuberculin skin test, sputum smear, PCR and culture)
 - b) Patient symptoms
 - c) Reason for treatment
 - d) Chest imaging results
 - e) Prior treatment for TB or LTBI
 - f) Risk factors for adverse reactions or non-adherence
 - g) Risk factors for drug resistance or poor response to medication
 - h) Baseline blood tests
4. The LHD should complete the information at the bottom of the first page of the form, including patient's WEDSS ID, the pharmacy used to fill the medication order, and the location where the medications should be shipped.
 5. The completed form should be faxed to the Wisconsin TB Program at 608-266-0049 or sent by secure email to: DHSWITBProgram@dhs.wisconsin.gov. Please also call the Wisconsin TB program at 608-261-6319 to ensure that the order has been received.

Step 3: Wisconsin TB Program Review

All submitted F-44000 forms will be reviewed by a TB nurse consultant at the Wisconsin TB Program. This review will ensure the form has been completed in its entirety, verify that the proper dosing has been prescribed, and examine the patient's TB diagnosis. Any concerns about the medication order will be brought to the attention of the LHD. These concerns will need to be addressed before the medication order can be approved. The Wisconsin TB Program will approve the medication order for the entire course of therapy.

1. Once the TB regimen is approved, the Wisconsin TB Program will send two documents to the default WTBDP pharmacy*:
 - a. The approved medication order to be filled and shipped to the location listed at the bottom of the form.
 - b. The "Anti-tuberculosis Therapy Authorization" will also be sent. This form authorizes the pharmacy to fill the needed TB medications until treatment is complete. The authorization is good for 12 months from the day it is sent. If treatment is longer than 12 months, a new authorization must be requested by the LHD by calling the Wisconsin TB Program at 608-261-6319.

*If an alternate pharmacy has been indicated on the form, the approved medication order and Anti-tuberculosis Therapy Authorization form will be uploaded to the patient's WEDSS filing cabinet. The LHD will then take both forms to their pharmacy for processing.

Step 4: Medication Refills

When a TB medication order is filled, the entire duration of medications will not be supplied. Medications will be filled in 30 day increments. Additionally, "automatic refills" for TB disease medications are not available through the default WTBDP pharmacy. Therefore, when the patient has about 10 days of medication remaining in supply, a refill request should be submitted.

1. Refill requests can be submitted in two ways:
 - a. Fax a completed [Medication Refill Request \(F-44126\)](#) to the Wisconsin TB Program at 608-266-0049.
 - b. Send the completed F-44126 form by secure email to: DHSWITBProgram@dhs.wisconsin.gov
2. Please also call the Wisconsin TB program at 608-261-6319 to ensure that the refill order has been received.

Step 5: Changes to the Medication Order

In some cases, a patient may require a change in their treatment regimen. The Wisconsin TB Program should be notified of any medication changes and a medication change request should be submitted.

1. The provider should complete the first page of form [F-44000](#) to reflect the new regimen information, again signing the form. The change should be faxed to the LHD.
2. The LHD should review the first page for completion, again adding the WEDSS ID, location medication should be shipped to, and the pharmacy that will be used. Once complete, the first page should be faxed to the WTBDP with a note that it is a medication change request.

3. Once the request has been approved it will be submitted to the pharmacy to be filled as in step 3. A new Anti-tuberculosis Therapy Authorization form is not needed unless the other has expired.
4. **Unused medications cannot be returned to the pharmacy. Please notify the TB Program of any need to hold or cancel medications. It is the responsibility of the LHD to find methods to discard medications in a safe and secure manner.**

Step 6: Documenting Final Disposition of TB Treatment

The final results of TB treatment should be documented so the patient and future health care providers have a permanent record of this treatment. Both WEDSS and the TB Follow-Up Report form [F-02474](#) can be used to document the information listed in Table 1.

Table 1. Information to Record for TB Treatment Records

Information on the TB Follow-Up Report form	Where to Document TB Treatment Information in the WEDSS “Tuberculosis” Disease Incident
Client and LHD information	Patient tab
TB Determination including interferon gamma release assay, tuberculin skin test, chest imaging and AFB culture results	TB Lab Results tab
TB treatment including medications, start date, and end date	TB Treatment tab
Did patient complete adequate regimen (if not, select reason)?	TB Treatment tab
Provider information	Investigation tab

WEDSS

1. Once TB treatment is stopped or completed, fill out the necessary information in WEDSS in the patient’s TB Disease Incident (see Table 1).
2. Change the Process Status in the Investigation tab to “Closed by LHD.”

[TB Follow-Up Form F-02474](#)

1. Once treatment is stopped or completed, the provider will fill out the TB Follow-Up Report form with necessary information (see Table 1) and send the form to the LHD.
2. The patient can be given a copy of the completed TB Follow-Up Report form for their personal medical records.
3. Upload the TB Follow-Up Report form into the filing cabinet of the patient’s TB Disease Incident.
4. Change the Process Status in the Investigation tab to “Sent to State.”

Wisconsin TB Program Contact Information

Phone: 608-261-6319

Fax: 608-266-0049

Secure email: DHSWITBProgram@dhs.wisconsin.gov